Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

TOTAL CHARGEABLE CLAIMS	
TOTAL CHARGEABLE CLAIMS INDEPENDENT CLAIMS MINUS 3 = **If the difference in column 1 is less than zero, enter "0" in column 2 **If the difference in column 1 is less than zero, enter "0" in column 2 **CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) **CLAIMS REMAINING AFTER PREVIOUSLY PAID FOR AMENDMENT Total **If the difference in column 1 is less than zero, enter "0" in column 2 **TOTAL **SMALL ENTITY **OR **TOTAL **OTHER TH. SMALL ENTITY **OR **TOTAL **TOTAL **OTHER TH. SMALL ENTITY **OR **TOTAL **OTHER TH. SMALL ENTITY **OR **TOTAL	40 SO AN ITY DDI- DNAL
INDEPENDENT CLAIMS minus 3 = MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) * CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR Total Total * ADDITIONAL FEE ADDITIONAL FEE TIONAL FEE ADDITIONAL FEE Total Total * ADDITIONAL FEE AMENDMENT Total * Minus * SP Total * ADDITIONAL FEE AMENDMENT * ADDITIONAL FEE AMENDMENT Total * ADDITIONAL FEE ADDITIONAL FEE AMENDMENT TOTAL OR * *** * ADDITIONAL FEE AMENDMENT TOTAL OR * ** * ADDITIONAL FEE AMENDMENT TOTAL OR * ** * ADDITIONAL FEE AMENDMENT TOTAL OR * ** * ADDITIONAL FEE AMENDMENT TOTAL OR * * * ADDITIONAL FEE AMENDMENT TOTAL OR * * * ADDITIONAL FEE AMENDMENT TOTAL OR * * ADDITIONAL FEE AMENDMENT TOTAL OR * * ADDITIONAL FEE AMENDMENT AMENDMENT TOTAL OR * * ADDITIONAL FEE AMENDMENT AMENDMENT TOTAL OR * * ADDITIONAL FEE AMENDMENT AMENDMEN	ODI- DNAL
MULTIPLE DEPENDENT CLAIM PRESENT * If the difference in column 1 is less than zero, enter "0" in column 2 * If the difference in column 1 is less than zero, enter "0" in column 2 * CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) * CLAIMS REMAINING REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR Total * Total * Total * Total * Minus * FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM * MULTIPLE DEPENDENT CLAIM * AU * TOTAL * OR * A80= * 14270= * OR * TOTAL * OR * ABUI * TOTAL * OR * ABUI * TOTAL * OR * ABUI * TOTAL * OR * ANDI- * TIONAL * FEE * TOTAL * AU * OR * ABUI * AU * AU	DDI- DNAL
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** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE	re da